


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90145 001 ****62.25

DOCUMENT # N96000002819 1. Entity Name MINISTERIO CAMINO DE VIDA, INC.	
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Principal Place of Business 2095 SW 1 ST MIAMI, FL 33145	Mailing Address NOE BARAHONA 3813 SW 133 PL MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0715359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARAHONA, NOE
3813 SW 133 PL
MIAMI, FL 33175

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARAHONA, NOE PASTOR 3813 SW 133 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO BARAHONA, ESTHER L 3813 SW 133 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELGADO, NORMA 2529 NW 77 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Esther Barahona* 4-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #